



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E294594**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	13-03193
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIAL RESERVATION				
M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	12 - 20 - 2013	1028	31	N S E W IN OF 0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
116TH AVENUE NE	BLOCK NO. <input checked="" type="checkbox"/>	2100
	MILE POST <input type="checkbox"/>	

DISTANCE	12	00	MILES	N <input checked="" type="checkbox"/> E <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)
			FEET	S <input checked="" type="checkbox"/> W <input type="checkbox"/>	20TH STREET NE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL
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STREET NEW ADDRESS	
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CITY		ST		ZIP
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	U	D.O.B.	MMDDYYYY	-	-	-
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES
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LICENSE PLATE #	ALB2097	STATE	WA	VIN#	1J4FJ57S1NL230402
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1992	MAKE	JEEP	MODEL	CHERO	STYLE	SW	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	UNKNOWN
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	D: 4259313754
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LAST NAME	WHITE	FIRST NAME	MATTHEW	MIDDLE INITIAL	E
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STREET NEW ADDRESS	2320 CEDAR RD
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	WHITEME344D7	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	03	-	27	-	1966
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	B76358C	STATE	WA	VIN#	1GCFG15TX71143976
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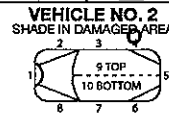
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2007	MAKE	CHEV	MODEL	EXPRESS	STYLE	CG	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PEMCO INS CO CA 1492095
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	D. CARTER	BADGE OR ID #	121	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E294594**

CASE # **13-03193**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Traffic unit #2 was properly stopped at the stop sign controlled intersection facing south bound on 116th Avenue NE at 20th Street NE, waiting for cross traffic to clear. Traffic unit #1 was traveling south bound on 116th Avenue NE approaching traffic unit #2. Traffic unit #1 proceeded to move to the right of traffic unit #2, in an effort to make a right turn onto 20th Street NE. Traffic unit #1 collided with the right rear of traffic unit #2 as the vehicle passed by, on the snow and ice packed roadway. Traffic unit #1 failed to stop to provide vehicle and driver information at the time of the collision and continued west bound on 20th Street NE. Traffic unit #2 suffered minor paint transfer to the right rear bumper. Traffic unit #2 operator stated he was not injured during the collision.

- digital images were taken of traffic unit #2 at the time of the call and later attached to this report.
- attempts were made to contact the registered owner of traffic unit #1 at his residence and by telephone.
- at the time of this report, traffic unit #1 operator has not been contacted for driver and insurance verification.

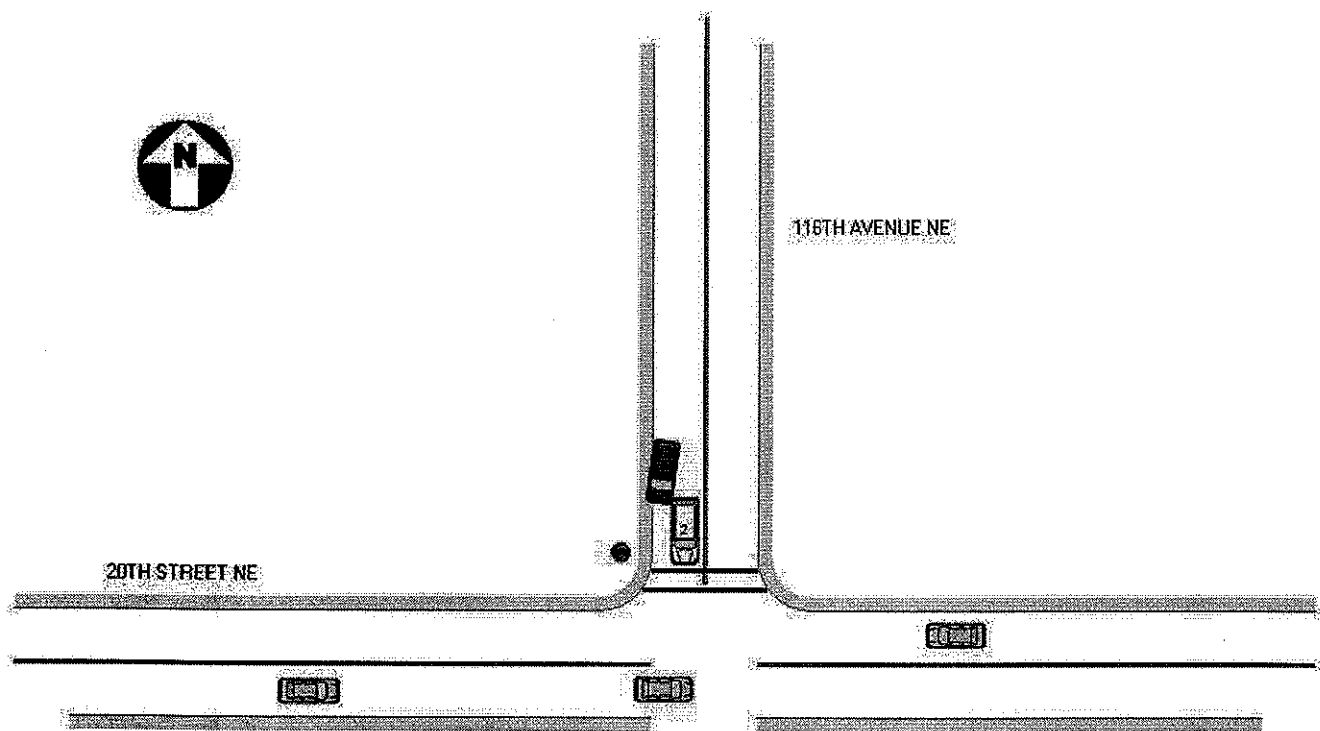
I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

<b>D. CARTER</b>		<b>12-20-13 01:56 PM</b>	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY <b>BOB SUMMERS 079</b>		DATE <b>12/21/2013 5:01:45 PM</b>	
BADGE OR ID # <b>121</b>	ORI # <b>WA0311900</b>	TIME POLICE DISPATCHED <b>10:30 AM</b>	TIME POLICE ARRIVED <b>10:43 AM</b>

REPORT NO. E294594

CASE # 13-03193

DATE AND TIME  
OF COLLISION 12/20/13 10:28



# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT



CASE NUMBER 13-3193

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>MATT WHITE</u>	RACE <u>W</u>	ETH	SEX <u>M</u>	DOB <u>3/27/60</u>	AGE <u>47</u>	HGT <u>5-8</u>	WGT <u>150</u>	HAIR <u>BLK</u>	EYES <u>BLU</u>
STREET ADDRESS <u>2320 CEDAR RD</u>		CITY <u>LR STEVENS</u>		STATE <u>WA</u>		ZIP <u>98259</u>		RES STATUS		
HOME PHONE <u>425-931-3254</u>		CELL PHONE <u>SAME</u>		PLACE OF EMPLOYMENT <u>SELF</u>						
WORK PHONE <u>SAME</u>		EMAIL ADDRESS <u>NONE</u>								

I, MATT WHITE, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

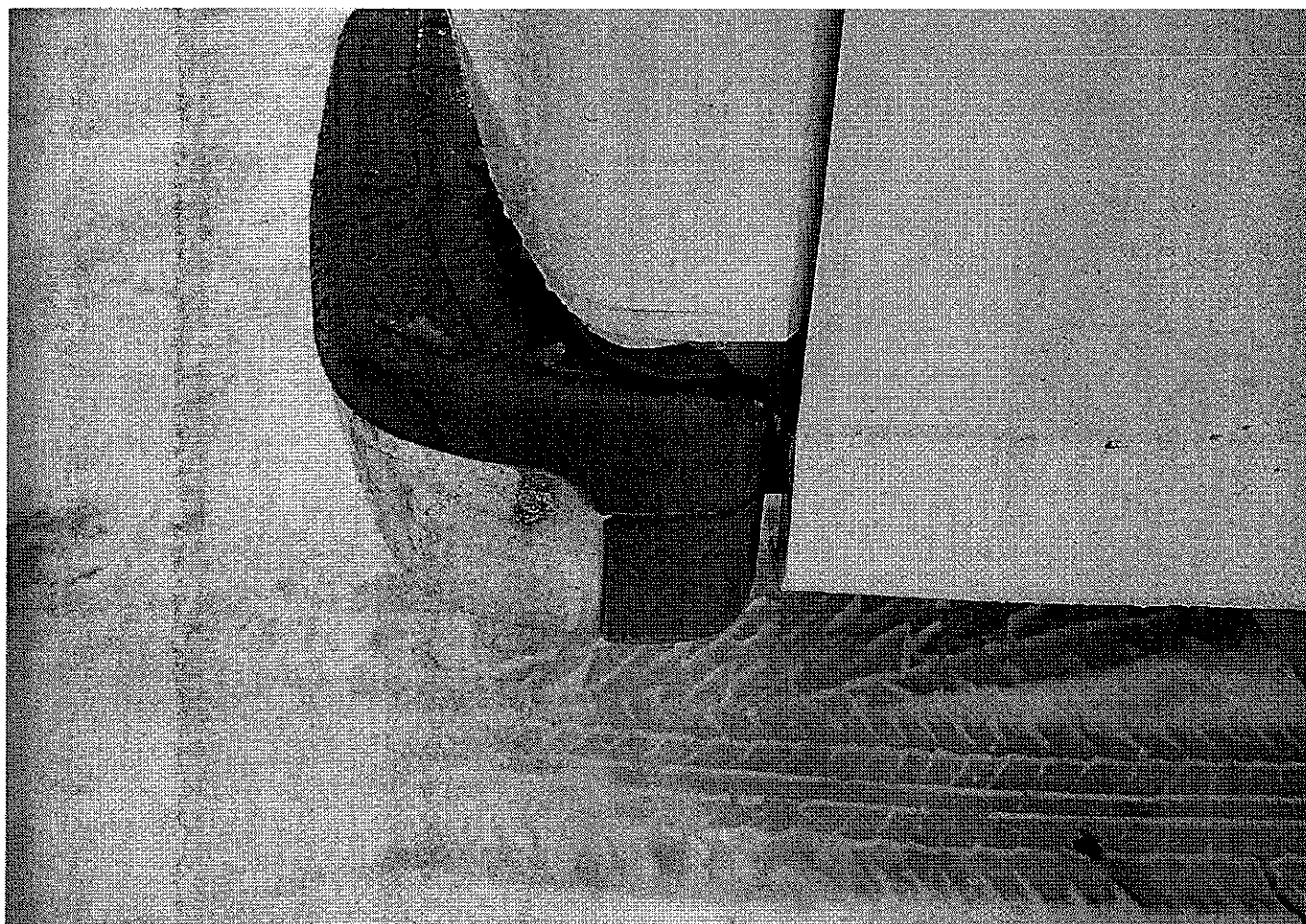
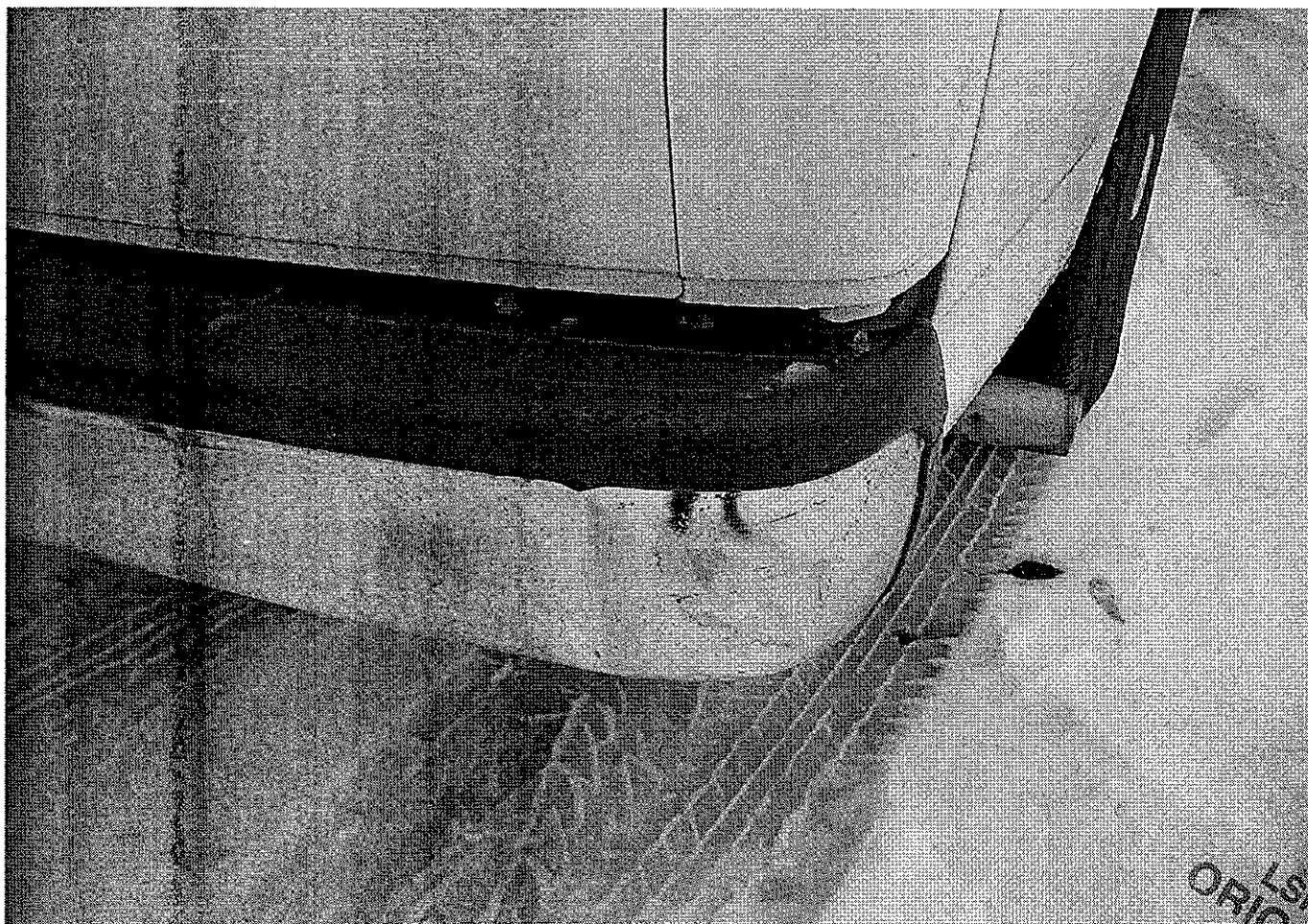
I WAS STOPPED AT A STOP SIGN  
WAITING TO TURN LEFT THE JEEP  
CHEROKEE SLIPPED BY ME ON THE  
SHOULDER / SIDEWALK AND HIT MY  
REAR BUMPER AND DID NOT  
STOP I FOLLOWED THEM FOR  
A FEW MILES AND THEN CALLED  
911.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

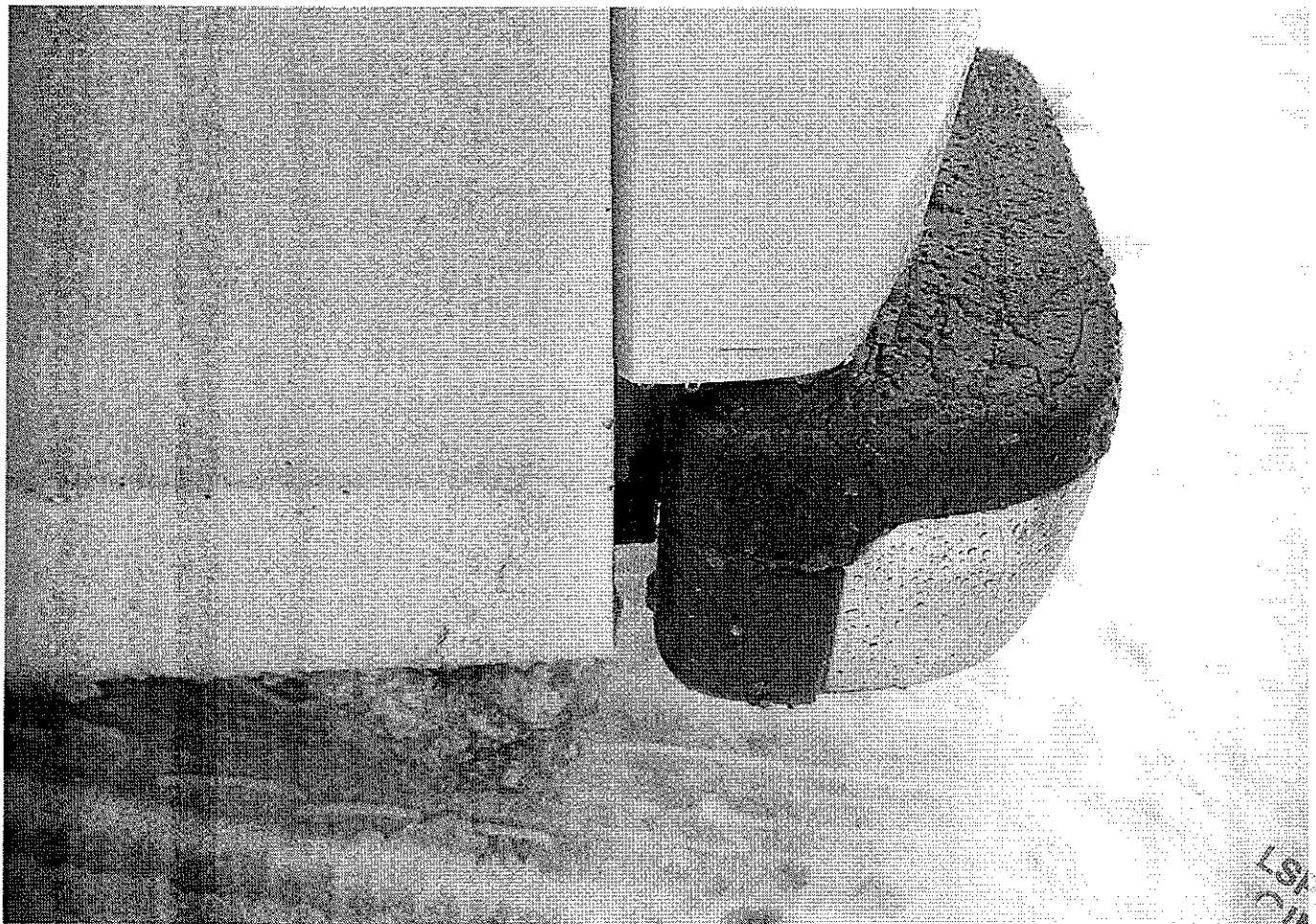
SIGNATURE: <u>[Signature]</u>	DATE SIGNED <u>12/20/13</u>	LOCATION SIGNED <u>Frontier Village</u>
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1







LSPD  
CIVIL



Incident History for: #SS13027709

Case Numbers: \$\$\$13003193

Entered 12/20/13 10:28:47 BY SPSC40 SP0274

Dispatched 12/20/13 10:30:23 BY SPDP17 SP0308

Enroute 12/20/13 10:30:23

Onscene 12/20/13 10:43:07

Closed 12/20/13 11:21:49

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1619 Map Page: 377G-6 Group: SS1 Beat: NORT

Src: T

Loc: CEDAR RD/LAKEVIEW DR , LKS (V)

Loc Info:

Name: WHITE, MATT

Addr: STARBUCKS PKLT

Phone: 4259313754

/1028 (SP0274) ENTRY , CC RP ADD, 5 AGO, H&R, SUSP VEH/ L/ALB2097 BLUE  
JEEP CHEROKEE. RP IN WHI CHEV VAN. SUSP LS TOWA  
RDS SR 2 VIA 204

/1030 (SP0308) AGCADV , 1912

/1030 DISPER SS1912 #SS79 SUMMERS, SGT (ROBERT)  
#SS121 CARTER, OFFICER (DAVID)

/1033 (SS79 ) REMINQ SS1912 MDTVEH, ALB2097,, WA, , , , , , , , , , ,

/1036 (\*\*\*\*\* ) REMINQ SS1912 ALB2097

/1036 (SP0308) REMINQ SS1912 LIC, 1912, ALB2097,, ,

/1036 (SS79 ) REMINQ SS1912 MDTVEH, ALB2097,, WA, , , , , , , , , , ,

/1037 (SP0308) CHGLOC SS1912 [2719 123 DR NE]

/1037 (\*\*\*\*\* ) REMINQ SS1912 GUZMAN, MICHAEL. R. 12011971..

/1037 (SP0308) REMINQ SS1912 NAME, 1912, GUZMAN, MICHAEL, R, 12011971,,

/1042 (SS79 ) REMINQ SS1912 MDTWANT, , , , , , , WA, GUZMAMR293RA, , , , , , , , , , ,

/1043 \*ONSCNE SS1912

/1054 (SP0308) CONTCT SS1912 Contact in 10 Minutes  
, C4

/1054 CHGLOC SS1912 [STARBUCKS/W RP]

/1055 CONTCT SS1912 Contact Timer Canceled

/1058 (SS79 ) \*ONSCNE SS1912

/1106 (SP0308) ASNCAS SS1912 \$\$\$13003193

/1112 OK SS1912

/1113 (SS79 ) REMINQ SS1912 MDTWANT, WHITE, MATTHEW, E, 032766, M, , WA, , , , , , , , , , ,

/1113 REMINQ SS1912 MDTVEH, ALB2097,, WA, , , , , , , , , , ,

/1121 (SP0274) CLEAR SS1912 D/H

/1121 CLOSE SS1912

LSPD  
ORIGINAL